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Original Communications.

A CASE OF OVARIOTOMY.

By GEORGE HOLMES BIXBY, M.D., of Boston.

THROUGH the kindness of Prof. D. H. Storer, on the eighteenth of October, 1872, I was called to see Mrs. C., who was suffering from an abdominal tumor. The patient was a native of Germany. Menstruation first appeared at fifteen, recurred every four weeks during four months, then ceased, but reappeared three months later. From this time, the catamenia were normal. She was married at twenty-four, gave birth twice, the first ten months after marriage, the second two years after the first. During the first months of the last pregnancy, the abdomen seemed unusually large; in fact, the patient declared she was larger than at full term in the former pregnancy. At the end of gestation, the abdomen was of a most unusual form, and suggested the possibility of the existence of twins. From the patient's intelligent description of her case, I learned that motion was felt immediately above the pubes, and that another tumor, apparently distinct from the uterus, occupied the space immediately below the diaphragm. This condition occasioned great discomfort, especially in the last stages of pregnancy. Finally, labor commenced at four, P.M., by regular pains, and, during the night, a vigorous child, weighing eight pounds, was born.

After confinement, the abdomen was but slightly diminished in size, the upper tumor having assumed a lower position. On the seventh day following confinement, the patient became feverish, the abdomen enormously distended, tympanitic and sensitive, even to the weight of the bed clothing. The tenderness was particularly marked in the vicinity of the umbilicus. From these acute symptoms, she recovered in the course of ten days, but a tumor of considerable size remained, for which she sought medical advice at the Massachusetts General Hospital. August 18th, she was admitted at the Hospital, and was subsequently tapped by Dr. Hodges. The fluid discharged was characteristic of cystic disease of the ovary. After thirteen days in the hospital, she was discharged, relieved. October 1st, the menses returned, it being the first time since her confinement in June. From this date until March, 1872, a period of three years and four months, the menses were perfectly regular, there was no evidence of a return of the tumor, and in other respects she enjoyed excellent health. Early in February, 1872, a slight fulness was evident in the left ovarian region, and, later, she experienced a number of chills. The abdomen now began to enlarge rapidly, so much so that, on account of the great inconvenience it occasioned, on the 31st of March, she sought the advice of Dr.

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French, of Malden. Between that date and August 16th, the patient was tapped twice by Dr. French. On both occasions, the fluid was of a dark brown color. A severe reaction, threatening the patient's life, followed the last operation, since which she has been confined to her bed.

At the time of my first visit, October 18th, 1872, her emaciation was general and extreme; a cold perspiration covered the face, the features were pinched, yet there was a clearness of the eye that denoted latent strength. The abdomen was highly distended, of a peculiar, elongated form, and measured thirty-six inches in circumference. There was no cedema, either of the abdominal walls, pudenda or extremities. Respiration was labored, at intervals interrupted by a short, spasmodic cough; the heart's action was quick and feeble. Percussion elicited an unbroken wave of fluctuation in all parts of the abdomen; the flanks were tympanitic. Vaginal exploration revealed the cervix uteri, a normal uterine cavity of two and a half inches, the organ ante- and latero-verted to the right. Bi-manual exploration gave evidence of fluctuation in Douglass's fossa, more distinct at the left. Diagnosis, cystic disease of the left ovary.

Notwithstanding these apparently unfavorable conditions, I offered the patient an operation as the last chance for life; this offer, after four days' consideration, she resolutely accepted.

October 23d, in the presence of Drs. Wheeler, of Chelsea, Warner, of Boston, Pinkham, of Lynn, Keniston, of Cambridgeport, and Hanscom, of Somerville, the operation was undertaken. For want of a "Crosby bed," a single wooden cot was employed. A cathartic, taken the night before, having failed to operate, a copious injection was given immediately before the operation, and was followed by a free dejection. False teeth removed, and the urine drawn, chloroform was administered by Dr. Warner. I made my incision a little to the left of the *linea alba*. Owing to the thinness of the abdominal walls, from the great distention of the abdomen, while attempting to divide layer by layer, a small opening was accidentally made in the cyst, which gave exit to a thin, purulent fluid. The adhesions were so firm, anteriorly, that it was impossible to distinguish, much less to separate their attachments to the peritoneum. Deferring farther manipulations in this direction, the evacuation of the cyst was undertaken with a large trocar, and completed by a free opening. The contents consisted of fifty pounds of a purulent, curdy fluid. Returning now to the incision, an attempt was made with the finger, and afterwards with a director, to separate the adhesions. This failing, in order to facilitate further exploration, the opening into the cyst was enlarged. Passing the entire hand into the cavity of the cyst, I detected, at the bottom, a hard, unyielding body, which resembled the uterus. The impression became more marked when I found it to be pyriform, and its inferior extremity attached to a broad band, not unlike the vagina in form. To clear up this point, the mass was raised, while Dr. Warner examined per vaginam, and established the fact that the vagina and uterus were in normal position, and independent of the above. When raising the pear-shaped body, I noticed that the cyst walls were partially inverted in folds. From this fact, it was evident that, at these parts, at least, there could be no adhesions. Dr. Pinkham came to our rescue with a most timely suggestion, namely, to tear

through one of the unattached folds, as near the incision as possible, and enucleate from behind.

I proceeded at once to put this plan into execution. I attacked the cyst wall in one of these folds, four inches from the incision, and tore through it with a blunt instrument. A single finger in the rent detected a free space immediately behind, but was soon arrested by strong, fibrous bands. Drs. Warner and Wheeler now assisting, with three pairs of hands in the abdomen, enucleation was vigorously prosecuted. From simple adhesions to firm, unyielding, fibrous bands, now with a single finger, then with all the fingers, we continued, breaking or tearing whatever opposed, until, after nearly thirty minutes of hard work, the last adhesion was reached and separated, and the sac, attached by a slender pedicle, raised from the abdominal cavity. These complicated manipulations involving the separation of adhesions from, at least, one-third of the surface of the cyst, were followed by very little hæmorrhage. Owing to the disturbed relations of the parts, it was impossible to ascertain, definitely, the seat of these extensive adhesions. The sac now being raised, and the pedicle spread out, so that, in a stooping posture, it was brought between myself and the light, the location of every important vessel was readily seen and avoided, when transfixing it with two preventer pins. The clamp was now applied upon the pins, the cyst removed with scissors, and the pedicle reposed in the lower angle of the wound. I now proceeded to wash out the abdominal and pelvic cavities with a solution of carbolic acid and boiled water (a fountain syringe being used for the purpose), the fluid being allowed to enter until it overflowed and escaped as clear as it entered. To insure complete evacuation, the patient was turned almost upon the face, and the abdominal cavity dried with soft sponges until all oozing had ceased. The wound was now brought together by three silver sutures, which included the peritoneum, the last left untwisted for the purpose of drainage. The surface of the abdomen, having been washed and dried, was protected by interlacing strips of adhesive plaster, according to the method of Prof. White, of Buffalo. During the entire operation, and up to six hours after, there was not the slightest sign of nausea. The patient was now covered with sufficient clothing, and left with the nurse, with instruction to give nothing by the mouth, for the first four hours, but brandy and water; subsequent to that time, milk and flour porridge. In case of pain, an opiate in the form of suppository.

Oct. 24th.—Twenty-four hours after the operation. A quiet night; frequent naps the entire night. 1, A.M., complained of a little discomfort in the abdomen, scarcely amounting to pain, for which a single suppository, containing one grain of opium and a quarter of a grain of extract of belladonna, was used. Pulse ninety. Urine clear; ten ounces passed during the night. Nourishment consists of milk and flour porridge every hour, with brandy and water, alternately.

Oct. 25th.—Forty-eight hours after the operation. Pulse ninety; tongue moist; abdomen flat; urine free, good color, voided voluntarily.

Oct. 26th.—Pulse ninety; urine free; tongue moist; abdomen flat. A pool of ichorous matter is noticed near the clamp; upon examination, it is found to proceed from the decomposing extremity of the pedicle, and not from the abdominal cavity, as was feared.

Oct. 27th.—A fair night, but is this morning quite restless. Pulse one hundred; skin hot and dry; urine less free, and of darker color; slight tympanites along the transverse colon. Ordered tincture of aconite, one drop every two hours.

Oct. 28th.—More comfortable; tongue moist; nourishment taken and relished. Urine free and good color; clamp removed, and pedicle left hanging by preventer pins.

Oct. 29th.—Complains of tension along the region of the descending colon; ordered five drops of oil of turpentine every three hours during the day. In other respects, doing well.

Oct. 30th.—Turpentine did excellent service; tympany entirely relieved; removed pins; slough thrown off from pedicle.

Nov. 3d.—Eleven days after the operation. Everything having progressed favorably during the past few days, no notes were taken. Portions of adhesive plaster and stitches removed; wound entirely healed, save at a point near umbilicus; the rest of the plaster to be left until after use of cathartic.

Nov. 5th.—Pulse eighty; urine free, and good color; appetite excellent; sleep refreshing; abdomen flat. Ordered a mild laxative, to be taken at night.

Nov. 6th.—Dr. Wheeler saw the patient with me. The aperient operated quietly, but thoroughly. Upon removal of the remainder of the plaster about the abdomen, we were surprised to find the tissue around the umbilicus thickened, and at one point decided evidences of fluctuation. Ordered poultices.

Nov. 7th.—Noticed a fistulous opening leading from the umbilicus to the upper angle of the wound. At the end of six days, fistula healed; induration subsided. The subsequent treatment of the case was now entrusted to the nurse, to be conducted upon general principles.

Dec. 8th.—I found the patient sitting up, able to walk about the apartment, and attend to minor duties. Upon examination of the abdomen, found the wound entirely healed, the cicatrix contracted down to an inch in length, the extremity of the pedicle sunken below the surface, not leaving as much as a trace of the usual navel-form depression after the use of the clamp. The abdomen bears quite rough manipulating without the least discomfort.

Jan. 1st.—Two months after the operation, the patient wrote me that she was quite well, and attending to all her duties.

I learned, later, that menstruation returned in February, and continued regularly. At the commencement of each return of the catamenia, a slight, muco-sanguineous discharge appeared at the cicatrix, which lasted but a few hours. A letter, dated October 23d, 1874, two years after the operation, informs me that menstruation had continued regularly until May last, and in September foetal movements were unmistakable. Judging from the experience of Mr. Spencer Wells,\* I predict for the patient a normal confinement.

For the happy termination of this remarkable case, not a little of the credit is due to the faithful care of the accomplished ovariectomy nurse, Mrs. S. S. Cleasby, of Boston.

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\* Diseases of the Ovaries, page 474.



## A SCRAP OF FAMILY HISTORY. A CONTRIBUTION TO THE STUDY OF CONSUMPTION.

By J. O. WEBSTER, M.D., of Lynn.

THOMAS S. was born in 1750, of a remarkably long-lived family, in which there was no trace of tubercular or other hereditary disease. He married, in 1779, Priscilla C., who was born in 1749, whose family was equally free from taint. Many members of both families lived to the age of 90. He died at the age of 82, from failure of the digestive function, probably dependent upon the excessive use of tobacco, all the organs, except his stomach, being still in perfect vigor. She died at 87, from old age.

They had six children :

1. Rebecca, who died at the age of 90, from old age.
2. Mary, died, aged 24, of consumption.
3. Harriet, died at 25, of consumption.
4. Thomas, who had tubercular disease of lungs for years, and died at 59, of pneumonia.
5. Daniel, now living, aged 86.
6. Samuel, died young of some chronic lung disease, probably consumption.

Here we have the problem of how to account for the development of consumption in this family, where we can find no hereditary taint, and where two of the children have escaped and attained to equal longevity with their ancestors. Let us look at their surroundings, and see if we can find the solution.

Thomas S. was a tanner, and settled, in 1775, on the Kennebec River, at Augusta. His house was but four or five rods from the water of the river. Here he lived until after the birth of the fifth child, when he removed to Unity, Maine, and established himself in immediate proximity to a pond of fresh water. Here, the sixth child was born. After a few years, he again removed, this time to the "Outlet" of China Pond, in Vassalboro'. Here he lived until his children were grown and had mostly left home.

Thus it appears that this family, during the childhood and youth of its children, lived in very close proximity to bodies of fresh water. To my mind, it seems that in this fact lies the solution of our problem, and that this is a very striking instance of the same kind as many already collected by Dr. Bowditch.

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THE SANITARY CONDITION OF JERUSALEM is reported to be deplorable. In a recent paper, read by Mr. Cooper before the Social Science Congress at Glasgow, it was stated that bad water, resulting from the filth and rubbish accumulated for centuries, renders the city one of the most unhealthy in the world. The cisterns and ducts are choked with sewage, and the mixture forms the daily beverage for thousands. Towards autumn, a sort of miasma sets in, and the febrile season begins. The Jewish population in 1865 was estimated at 9,000, and during a period of twelve months 5,000 cases of sickness were attended at their own hospital, and 8,000 at that of the Protestant Mission. So that if the whole of the inhabitants were not ill, the great majority of them must have been twice at hospital during the year. The Baroness Burdett Coutts offered to procure a better water supply, but the Moslem Government would not allow her to appoint an engineer to carry on the work.—*The Lancet*.

## Progress in Medicine.

### REPORT ON DERMATOLOGY.

By JAMES C. WHITE, M.D.

(Concluded from page 543.)

*Scleroderma and its Relation to the Lymph System* (*Vierteljahresschrift für Dermat. und Syph.*, 1 Jahrg., 1 Heft, from *Deutsch. Arch. f. klin. Med.*)—Heller reports the results of the dissection of a case of scleroderma, which proved fatal after a year's duration, under symptoms of general anæmia and ascites. There were found extensive scleroderma of the face, neck, chest and upper abdominal region; fibroid nodules and lymphangiectases in the subcutaneous tissue; obliteration of the ductus thoracicus; multiple diffuse and miliary new-growths in the heart, muscles, serous membranes, kidneys and other parts; œdema of the lungs; incipient cirrhosis of the liver; induration of the spleen; hyperplasy of the uterus; hypertrophy of the walls of the stomach; induration of Peyer's patches; and atrophy of the mesentery.

A microscopic examination of the nodules from these various sources showed that they consisted of firm, fibrous tissue and a peculiar cell infiltration. They interrupted the course of the lymph-vessels, with which the collections of cells seemed intimately connected, and upon the serous membranes the new-growths showed a similar relation to the lymphangiectases.

Heller concludes, as the result of his investigations, that scleroderma is an affection occurring in the lymph system, and that, in this case, its starting-point was the ductus thoracicus, as this was most changed. Through disturbances in the lymph-vessels, an escape of lymph is caused, which leads to the connective new-formation of fibrous tissue, analogous to the process in elephantiasis Arabum.

*Leprosy.*—The recent report, by Dr. Carter, on Leprosy and Leper Asylums in Norway is reviewed in the September number of the *Edinburgh Journal*. Dr. Carter, in his connection with the Bombay Army, had made extensive study of the disease in the East (see *Dermatological Report*, June, 1873), and was, therefore, well fitted for these later observations. He states that, although the forms in Norway are identical with those in Bombay, their relative ratios are different. In Norway, the tubercular is 70, the anæsthetic 30 per cent. of the whole; in Bombay, compared with Norway, the anæsthetic form is twice as frequent. The tubercular form in Norway is of shorter duration, and more characterized by febrile exacerbations, caused, it is believed, by the reabsorption of softened leprous matter from the skin-tubercles and its re-deposit in internal organs. Dr. Carter has been led to the conclusion that leprosy is not caused and maintained by endemic and defective hygienic conditions, but mainly by hereditary taint; and that the proper way to eradicate it is the rigid segregation in Asylums of possible parents of diseased offspring, by which the propagation of the disease may be checked.

In the same number of the *Journal* may be found an account of the treatment of leprosy by gurjun oil, as reported by Dr. Dougall, medical

officer at Port Blair, Andaman Islands. He found 24 leprous convicts on his arrival there, most of them exceedingly aggravated and advanced cases; the food was insufficient, and the hygienic condition not good. The treatment, under which they had been, seemed to be without effect, and other methods, ordinarily employed, impracticable. It occurred to him, therefore, to try the oleo-resinous substance, obtained there in abundance from the *Dipterocarpus lœvis* and other trees of allied genera, known in commerce as gurjun oil. This is a sticky substance, and it was mixed with various substances: cocoanut-oil, castor-oil, carbonate of soda. After rubbing with these preparations for some time, it was discovered that lime-water, three parts, mixed with one part of the oil, by violent agitation, formed a substance of the consistence of Indian butter, to which the name of gurjun ointment was given. It can be applied to the healthy skin without pain or blistering, and has no bad smell. With a smaller quantity of lime-water, it makes an excellent emulsion. The plan of treatment pursued was as follows: The lepers wash themselves early in the morning in a stream, using dry earth as a detergent; they then return to the ward, and each man is served with four drachms of wood-oil and lime-water in equal proportions; a quantity of gurjun ointment is then given them, with which they are required to rub themselves for two hours. At three in the afternoon, they get their second dose of the gurjun emulsion internally, and then two hours more of rubbing with the ointment is practised. Thus four hours daily rubbing with the ointment produces no vesication on the skin, and causes no pain. The emulsion is not disagreeable to the taste, and has, at first, no influence upon the digestive system, but it stimulates the appetite, and acts as a mild laxative; in larger doses, it acts as a powerful diuretic and evacuant.

The change on the tubercles is very marked. After some time, they seem to become more movable, and to be softer at the base than at the apex. The softening process gradually approaches the surface, and at last a watery bleb forms, which bursts. This process may take place two or three times, until the tubercle is quite reduced in size. No change was made in the diet of the lepers, and the results obtained after a year's trial of the method seems to be fairly due to this. Great improvement has followed in *all* the cases. Numbness has diminished, sores have healed up, swellings have disappeared, and patients who could only lie in helpless uselessness in a corner waiting for death, are proud of being again able to work, when such a hope had been abandoned long ago.

*Treatment of Nævi.*—Ragaine (*Jahresbericht der Gesamt. Med.*, 1874, from *Journal de Méd. de Bruxelles*) reports seven cases of erectile nævi cured by vaccination. The operation may be performed about the circumference of the tumors, or directly upon their surface. It is important that the points of insertion should be made as far apart as 1½ cm., and the best instrument for the purpose is the insect needle, as so great hæmorrhage follows the use of the lancet as to wash away the vaccine matter. To prevent such a result, it is better to allow the needle to remain in the puncture for a few moments. The size of the tumor is never a counterindication to the employment of this method. The destruction of the abnormal growth is supposed to be effected by the adhesive inflammation produced in the lower parts of the skin by the process of vaccination.

De Smet (*Jahresber.* from *La Presse Méd. Belge.*) recommends another method, successfully employed by him in a superficial, vascular nævus just below the right eye. A cork, of the shape and size of the growth, was perforated by fifteen needles, the points of which were allowed to project 2 mm. These were dipped in croton oil, and plunged quickly into the nævus. The operation was for a moment painful, but left behind it only a slight degree of burning. On the following day, there were swelling and vesicles, but the child did not complain of pain. A crust formed, beneath which the effect of the treatment could be partly seen; a large portion of the vessels were no more to be seen, and the others contained little coagula. Croton oil was lightly painted over the wound, and again in three days. The result was perfect; the spot had disappeared, the vessels were obliterated, and not a trace of the affection remained.

The advantages of this method are that no disfiguring scar is produced, of great importance in nævi of the face and neck; that the pain is slight, and the action rapid. De Smet especially recommends it when the nævi are superficial, and the child has already been vaccinated.

*The Anti-herpetic Powder of Araroba* (*Annales de Derm. et de Syph.*, Tôme v. No. 6, from *Archives de Médecine Navale*).—Herpes circinatus (ringworm), according to M. Palasne-Champeaux, is very frequent in Cochin China, and exhibits there an unusual degree of severity and tenacity. Among the various methods of treatment employed against it, there is only one which he has always found successful, the application of a powder called Poh-Baia, or powder of Bahia. According to his researches, this consists of the powder of *araroba*, furnished by some unknown Brazilian tree, which is mixed with powdered charcoal before using. The *araroba* reaches Bahia in pieces evidently belonging to a tree of considerable size, and of a reddish-yellow color, like that of rhubarb.

The results obtained by him with this remedy were very rapid and complete, employed either against ringworm or psoriasis, three or four days being sufficient to make the patches disappear. It is employed in the following manner: After the parts are rubbed with strong vinegar, the powder is applied to them by means of a small tuft of cotton. (The action of acetic acid alone upon these lesions must not be left out of the question.)

*Is Eczema a Mycosis?*—Weisflog (*Beiträge zur Kenntniss der Pilzeinwanderung auf die menschliche Haut* from *Vierteljahr. für Dermat. und Syph.*, 1 Jahrg., 1 Heft), who, like Hallier, finds a mould in nearly everything, believing in the parasitic nature of impetigo contagiosa, as well as in its generally accepted relation to eczema, has made observations upon the crusts, scales, and other morbid products of the latter affection. After several days' manipulation, he thinks he finds in them fungoid growths, as might be found in nearly all organic substances under similar conditions. Hallier is, of course, ready with a name and a place for the newly-discovered mould. The investigations are not reliable, and should in no way affect present opinions concerning the etiology of eczema.

*Alopecia areata*.—Malassez has been investigating the question of the parasitic nature of this disease, and publishes (in the March and May numbers of the *Archives de Physiologie*) the results of his obser-

vations, which, according to the *Edinburgh Medical Journal* of July, from which the following account is taken, "illustrate in a striking manner the danger of dogmatizing from negative results." He examined the scales scratched from the epidermis of the bald patches, where the fungoid spores were found most easily. Grease was removed by ether or absolute alcohol. He finds very small, spherical spores, but no mycelium. The fungus occupies the most superficial parts of the horny layer of the epidermis, and is only met with accidentally on the hairs.

*Treatment of Alopecia areata (Porrigio decalvans) by the application of Liquor Ammonia.\**—Dr. Duckworth (*Saint Bartholomew's Hospital Reports*, Vol. ix.) reports a large number of cases, which he has recently treated in the following manner: The whole scalp was rubbed with a small flannel mop, soaked in a strong solution of ammonia—so strong that neither the eyes nor the nose of the operator could bear it. The scalp appeared insensible to it. No pain, no inflammatory redness occurred. This was repeated daily, until the scalp became sensitive, when its strength was reduced. He concludes:—

That the local treatment by strong solution of ammonia is apparently more satisfactory than that of oil of turpentine.

That the renewal of the hair-forming function is probably hastened more by ammonia than by any other local application.

That turpentine appears to be only second in importance as a topical agent.

That the ammonia treatment is, on the whole, less universally applicable in these cases than turpentine.

That in certain cases—a decided minority—the ammonia treatment cannot be borne, because of its severity, producing vesication. Turpentine never produces these effects, and is a less formidable agent in all respects.

That ammonia may, therefore, be regarded as a valuable local application in these cases.

*Gangrene produced by Carbolic Acid.*—Poncet (*Bulletin Gen. de Therap. in Vierteljahr. für Dermat. und Syph.*, 1 Jahrg., 1 Heft) describes the case of a girl, 13 years old, who had received a splinter under the nail of her forefinger. The part was immersed in carbolic acid for a moment, and then bound up in a compress moistened in the same solution. Eight days afterwards, the finger was found to be gangrenous for one-half its length. In consequence of this, Ollier, of Lyons, undertook some experiments upon rabbits and hens. When their limbs were immersed from three to five minutes in a concentrated solution of carbolic acid, they mostly died in a few hours, poisoned, but the survivors had gangrene. In order to prevent the fatal results of poisoning, ligatures were placed upon the limbs before immersion, and after this a soaking of five minutes was always enough to produce death of the parts. Ollier subsequently observed a second case of gangrene of the finger after the use of carbolic acid, and he believes that fingers and toes may be amputated in this way without pain and without danger.

*Boracic Acid as Dressing.*—Prof. Lister made a communication to the Medico-Chirurgical Society of Edinburgh (*Edinburgh Medical Journal*, Sept., 1874) upon a new dressing of this substance in rodent ulcer. Bo-

\* See JOURNAL, June 12, 1873.

racic acid, in fine powder, one part; white wax, one part; paraffin, two parts; almond oil, two parts. The ingredients, after being mixed by melting the wax and paraffin, are stirred in a warm mortar till the mass thickens, and then set aside to cool, after which the firm substance is reduced in a cold mortar, in successive portions, to a uniform, soft ointment. This is spread thin on a fine rag, and when the almond-oil leaves it through capillary attraction, a smooth, firm layer remains, consisting of blended wax and paraffin, together with the boracic acid, which comes off the skin without leaving any greasy substance adhering, and does not at all confine the discharge, which is perpetually supplied with a sufficient quantity of the boracic acid to ensure absence of putrefaction, while not preventing cicatrization.

Other gentlemen had used boracic acid, and had also found it an excellent antiseptic and deodorizer. It had been employed mixed with unguentum simplex, one part of the former with two parts of the latter, and in the same proportion with starch and other powders. They had been used with relief in eczema, rupia, bed-sores, and the like.

Mention is also made in the *Journal* of a still better application for such purposes of an ointment like that of Prof. Lister, except that it contains half the quantity of salicylic acid, the antiseptic properties of which have been recently discovered. It is less irritating than the boracic acid.

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### Bibliographical Notices.

*The Medical Use of Alcohol and Stimulants for Women.* By JAMES EDMUNDS, M.D., M.R.C.P.L., M.R.C.S., Late Senior Physician to the British Lying-in Hospital, Senior Physician to the London Temperance Hospital. New York: National Temperance Society and Publication House, 58 Reade St. 1874.

THE whole question of the dietetic and long-continued medicinal use of alcoholic liquors is so intimately involved with custom, with prejudice, with appetite and with moral fanaticism, and a really fair discussion calls out such bitterness and bigotry upon both sides, that a truly scientific and popular work upon the subject seems almost an impossibility. The present little book, as may be inferred from the place of publication, is by no means to be considered impartial, and indeed does not pretend to be, but nevertheless clears away a good many side issues and discusses the subject upon its true basis, although ignoring or slighting some important observations.

One would certainly suppose that by this time any one paying attention to the subject would be familiar with the conclusive character of the experiments upon the elimination of alcohol, and no longer state that medical men have not come to a definite conclusion upon the matter. A better established fact is hardly to be found in physiology than that only a very minute part of the alcohol ingested is again eliminated as such, when a small dose is taken, and that, even with a heavily narcotic dose, more is destroyed in the organism than is eliminated as alcohol. The evidence afforded by the smell of the breath and of the cutaneous exhalations, which is spoken of by the author as proving an elimination, is really very fallacious, and, as a quantitative test, utterly worthless. If previous experiments, their own included, had not entirely destroyed the theory of Lallemand, Perrin and Duroy, that all the alcohol ingested is eliminated as such, by the lungs, the skin, and the kidneys, the last one of Anstie and Dupré should have done so, in which an animal was enclosed in an air-tight box (so that *all* excretions could be measured after a long-continued course of alcohol), then killed and the whole body



thoroughly analyzed for it. Only 11.3 grains out of 2,104 grains given could be accounted for by elimination, and only 23.66 were found after death.

The author gives the following very good definition: "A food is that which, being innocent in relation to the tissues of the body, is a digestible or absorbable substance, that can be oxidized in the body and decomposed in such a way as to give up to the body the forces which it contains." He then proceeds to take up the points separately and endeavors to show, by various pathological facts, that alcohol is not innocent in relation to the tissues. Referring to the statistics of life insurance companies in England, he states that the mortality among total abstainers is much less than among moderate drinkers, and also compares the ordinary average mortality of thirteen to sixteen per thousand of the average working classes and agricultural laborers with that of thirty in a thousand among those engaged in the sale and manufacture of intoxicating liquors, and who are assumed, as also lately by Dr. Dickinson, to be their own very good customers. It appears, however, that these facts, as well as the familiar ones in regard to cirrhosis of the liver, chronic gastric catarrh, &c., prove only, what probably no one, and certainly no medical man, would think of denying, that excessive habitual use of alcohol tends to the general deterioration of the tissues. The man who confesses to being a moderate drinker habitually is very likely to be somewhat more. If we may believe the statements which we constantly see in regard to the habits of the English population, there are few men in that country who do not take *some* alcohol in the course of the day, and those who take the least are the ones whom it would be more fair to term moderate drinkers. Dr. Edmunds's own statement would tend to confirm this view. He says:—"I could not go to one house in twenty in England at an ordinary reception, or to a dinner party among my own circle of personal friends, and meet another person who was a total abstainer."

As to the next points, every one admits the eminent absorbability of alcohol, and, as stated above, if there is a well-ascertained fact in the whole range of pharmaco-dynamics, the practically total oxidation of a moderate dose of alcohol is such.

The real turning point is upon the question whether the force evolved by this oxidation is in a form to be utilized as muscular and nervous work or as heat, and whether anything is gained by the substitution of alcohol for the ordinary hydrocarbons, such as starch, sugar and fat, which have in no dose any narcotic effect. This question is to be answered only by observation. As Dr. Edmunds says, under ordinary circumstances alcohol is far from an economical food; that is, supposing the system to be equally ready to use up either of the substances, the same sum of money will buy much more in the form of sugar or starch than in the form of alcohol.

The healthy man, with a normal digestion and a proper supply of food, should say, as did our friend Rip Van Winkle, whose theory was unfortunately so much more correct than his practice, "I think I'm better without it." Both experiment and clinical observation prove, however, that alcohol may take the place of a portion of the food. Dr. Hammond's careful experiments upon himself show the beneficial action of alcohol when the supply of food is less than the amount necessary to keep the body at a given weight, neither gaining nor losing; as well as its uselessness, and worse, when the food supply is sufficient for, or in excess of, the needs of the organism. Dr. Anstie has recorded, in his work on Stimulants and Narcotics, several very remarkable instances of life sustained for long periods upon the minimum of food with an abundant supply of alcohol, and it would probably not be difficult, by a little inquiry, to add to them many others as conclusive, even if somewhat less striking.

We can hardly throw aside the great amount of testimony as to the favorable action of alcohol when given in febrile and wasting diseases, and especially its failure, under these circumstances, to produce the usual narcotic effects of large doses, as well as the absence of the more marked evidence of pulmonary and cutaneous elimination.

We agree fully with Dr. Edmunds in his interpretation of the earlier phenomena of intoxication as narcotism and not stimulation. From the first flush upon the face, indicating paralysis of superficial vaso-motor nerves, the activity of the tongue, no longer restrained by timidity, by the fear of talking nonsense, or by decency, through the successive stages in which the higher faculties lose their control over the motor system and over the lower impulses, to deep drunkenness or even death, we have only steps in the same process.

Is there not good reason to suppose, however, that previous to this we have a stage of true stimulation, where a small amount of alcohol is capable of bringing the nervous system up to its full working power, without in the least dulling perception or interfering with the clearness of ideas. We do not find among the writers of Germany, few of whom are total abstainers, any inability to make nice distinctions or any incapacity for severe and exact mental labor. The late Dr. Anstie, whose views have largely inspired the foregoing sentences, was certainly far from wanting in "mental accuracy" or power. The line to be drawn between the stimulant and narcotic dose is indicated not only by the sensations of the partaker, but by other more demonstrable phenomena, such as the flushing from dilated cutaneous vessels, the diuresis from a similar condition in the kidneys, and the presence of a larger proportion (though still very small) of alcohol in the excretions.

For the perfectly healthy man, any dose, or any but the very smallest, is a narcotic. In certain forms of disease, experience shows that even a quantity which would be a very large dose in health has no narcotic effect, and we can hardly doubt that there are intermediate conditions in which alcohol, so far from benumbing the senses or obscuring the intellect, acts simply as material for the production of force, and may be looked upon as a food which requires no digestion, and sets free in a useful form its latent energy.

As we have taken occasion to disagree with a good many of Dr. Edmunds's scientific views, it is no more than fair to remark that we are by no means so far removed from him practically in many points. There can be no doubt that a vast amount of alcohol is needlessly consumed under the plea of health. We freely admit that no alcohol at all is an appropriate dose for a considerable portion of the community, that the remainder would be much better off with much less alcohol, and, also, that milk is a much better diet than beer or porter for the nursing mother.

It is very satisfactory to meet with a professed total abstainer, who is willing to discuss the subject upon the proper ground, and freed from the various shallow sophistries so much employed upon both sides. Dr. Edmunds says, "I do not believe there is any virtue in being a total abstainer." "If you do not see clearly that physiologically the use of alcoholic liquors is a mistake, your total abstinence and self-sacrifice for somebody else's benefit are not worth a rush; and, so far as I can see, total abstinence upon that platform has done nothing but retard the movement." "A man's duty is to take those things if they will help him do his duty to his family, to himself, and to the society in which he moves."

If temperance advocates could only be made to see as clearly as Dr. Edmunds does that religion and conscience can only make us do our duty, and that they have nothing to do with this question until we have determined what our duty is; and if they would only remember that false and unsubstantial physiological arguments do more harm than good to their cause, and can only deceive the ignorant, we should have less absurd temperance legislation, and it is to be hoped a corresponding diminution in the admitted enormous evils of the intemperance which this legislation fails to mitigate. E.

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*The Drift of Medical Philosophy. An Essay.* By D. A. GORTON, M.D. Philadelphia: J. B. Lippincott & Co. 1875. Pp. 70.

It is only by a great effort that we restrain our orthodox pen from running a muck through this farago of nonsense, which is a second and revised edition of a paper read before the New York Homœopathic Medical Society.

But such a course, though it could not fail to make the skilful and unskilful laugh, might justly make the judicious grieve, for our space is needed for better purposes; and, after all, what is to be said of a man who tells us that sulphur is a remedy for sin, original or acquired, and that common salt is a moral prophylactic.

*Nature Series. Polarization of Light.* By WM. SPOTTISWOODE, F.R.S. London: Macmillan & Co. 1874. Pp. 129.

THIS little work is a valuable addition to the series. It makes the complicated subject which it treats of quite as simple as could be expected. We are not aware that there is anything specially new in it, but known facts and accepted theories are very ably presented.

## BOOKS AND PAMPHLETS RECEIVED.

*Nature Series. The Polarization of Light.* By Wm. Spottiswoode, F.R.S. London: Macmillan & Co. 1874. Pp. 129. For sale by James Campbell.

Ninety-second Annual Catalogue of the Medical School of Harvard University. 1874-75. Cambridge: Published by James W. Sever. Pp. 27.

Epidemic of Cholera during the summer of 1873 in Kentucky. By Ely McClellan, M.D., U.S.A. Cambridge: Riverside Press. 1874. Pp. 24.

Psychical or Physical. By C. H. Hughes, M.D., of St. Louis. (Reprinted from the American Journal of Insanity, July, 1874.) Pp. 22.

Cyclopaedia of the Practice of Medicine. Edited by Dr. H. von Ziemssen. American Translation. Vol. I. Acute Infectious Diseases. New York: Wm. Wood & Co. 1874. Pp. 708. (From H. D. Brown & Co., Boston.)

Practical Examination of Urine. By James Tyson, M.D. Philadelphia: Lindsay & Blakiston. 1875. Pp. 182. (From A. Williams & Co.)

Clinical Lectures on Diseases of the Urinary Organs. By Sir Henry Thompson. Third American Edition. Philadelphia: Henry C. Lea. 1874. Pp. 195. (From A. Williams & Co.)

International Scientific Series. Animal Magnetism. By E. J. Marey. 1874. Pp. 384. (From A. Williams & Co.)

History of the Conflict between Religion and Science. By John W. Draper, M.D. 1875. Pp. 373. New York: D. Appleton & Co. (From A. Williams & Co.)

Cases of Hysteria, Neurasthenia, &c. (From the Chicago Journal of Nervous and Mental Disease.) 1874. Pp. 14.

The Treatment of Marasmus, Whooping Cough and Debility in Children by Electricity. (From the Detroit Review of Medicine and Pharmacy. 1874. Pp. 7.

THE LOCAL USE OF TANNIN.—Dr. Philip Miall states that, for a number of years, he has employed a concentrated solution of tannin (tannin 3i., water 5vi.) as an astringent topical application. This powerful astringent, which is almost free from irritating properties, is said to form one of the best dressings for wounds, far superior to collodion, and even less irritating than the styptic colloid, which it somewhat resembles. If applied by a brush and allowed to dry, it soon forms a pellicle which excludes the air, and gives ease to pain. It may be applied to almost any form of ulcer, and to wounds after amputation, or other operations, especially when not very deep. It answers well, for instance, after the operation for hare-lip, painted over the pins and threads, in the same way as collodion is sometimes used. For cracked nipples, this solution, diluted with an equal quantity of water, is the best application, and corresponds to the tannin solution commonly used for this purpose. It is also recommended for the purpose of reducing enlarged tonsils, and as a styptic in severe uterine hæmorrhage.—*British Medical Journal*.

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**Boston Medical and Surgical Journal.**

BOSTON: THURSDAY, DECEMBER 10, 1874.

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AN examination of the Ninety-second Annual Catalogue of the Medical School, which is reprinted from the general catalogue of Harvard University, exhibits very gratifying evidence of the prosperity of the school, and of the success of the new system of education. The number of students seems to be steadily increasing, and is now two hundred, divided as follows: Graduates, 11; third class, 29; second class, 52; first class, 108. It will be seen, on comparison with the catalogue of last year, that there is no longer a group of unclassified students recognized, and that students in single branches, except in the graduates' course, are not now accepted—two important changes. The comparison shows, too, how permanent the connection of the students with the school has become, the names of but four members of the second class of last year failing to appear in the list of the present third class. The standing in general scholarship, too, of the students is perceptibly more elevated from year to year, eighty of the present members of the school having received college degrees before beginning the study of medicine.

The changes in the list of instructors have been few during the year. Dr. Minot has taken the chair of Theory and Practice, made vacant by the resignation of Dr. Shattuck, and the Professorship of Hygiene terminated with the death of Dr. George Derby. Three additional instructors have been appointed, one in histology, chemistry and materia medica, respectively. The whole number of teachers is now thirty. A glance at the tabular views, which exhibit the great amount of instruction given to each class, shows, however, the need of so large a body.

By a new regulation of the General Council of the University, the degree of Master of Arts is now open to graduates of the school, who are also Bachelors of Arts, and who pursue an approved course of study in medicine for at least one year after taking the degree of Doctor of Medicine.

The examination papers in the eleven departments, in which the student is now required to pass before obtaining his degree, and which were used in the last June examination, are published in full, and illustrate the completeness and thoroughness of the education now given in the school. They will be strange reading to those, even, who graduated not more than five years ago.

We trust that this little pamphlet may carry to all parts of our country the information that a systematic and thorough medical education may be obtained in one school, at least, in America.

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It is very gratifying to mark the sympathy with which the success of the new system at Harvard is watched in other cities. The old doubts as to the feasibility and propriety of the reform are now dispelled, and the question for other schools resolves itself, as the *Philadelphia Medical Times* implies, into that of "Will it pay to do what is right?" Although Harvard's acknowledged preëminence would be endangered thereby, we most sincerely hope that her example may be followed elsewhere, on account of the great good that would accrue to the profession. In this connection, we would quote some honest and sensible remarks from the *Cincinnati Lancet and Observer*:

"The medical profession of the West need and will have colleges that will give students of medicine equal advantages in their course of study with those to be obtained at Harvard. Even now, Cincinnati and other places in the West have their representatives in Harvard University. Not because those representatives desire to live three years in Boston, or wish to forsake friends at home during that time, or because they think it a good thing to largely add to the expense of their medical education, or that the faculty of Harvard College is composed of superior teachers or more eminent men than those who compose the faculties of a dozen other colleges, or that the clinical advantages in Boston are superior to those offered in other cities; but because of the plan adopted and the thoroughness of the teaching in that institution. We have no special predilection for Boston or Harvard University, but we do say all honor to the men who have had the courage to change the method of instructing medical students that has been pursued in this country for more than a century, recognizing the fact that the world moves, and, with it, the science of medicine has been making giant strides."

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We hope it may be long before our medical students sink to the level of those of the Continent of Europe. In England, they are a very respectable class, corresponding very closely with American students, but in France, Germany and Russia, there are many who appear to devote themselves to the lower ranks of politics rather than to medicine, and in disturbed times contribute a very turbulent and dangerous element. The governments of Russia and Prussia are in no humor to submit to any liberties; all disorderly manifestations are promptly and severely repressed; but in Austria, and still more in France, the students are more formidable. Most disgraceful scenes have recently occurred in Paris, when M. Chauffard attempted to begin his course. His political ideas appear to have been unpopular, and he was suspected, we do not know whether justly or not, with conspiring

to remove M. Wurtz from his position of Dean of the Faculty. M. Wurtz, who is generally respected, made every effort to calm the students, but without avail, and as they appeared determined that M. Chauffard should not speak, the school has been closed for a month. We understand that the dissecting-room and some laboratories continue open.

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WE reserve for another time the discussion of the report of the Park Commission, but may state now that on the whole it is very satisfactory. The point, however, to be considered at present is whether we can afford a park at all. We are willing to believe that in time it will pay for itself, but that time is not near at hand, and, with the water and drainage questions still unsettled, we feel that the incurrence of further debt is not justifiable.

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PROFESSOR TYNDALL, by recent letters, has again invited the attention of critics to himself. While, as yet, the excitement consequent upon the views advanced in his address at Belfast has by no means subsided, he has been engaged in writing to the public, through the columns of the *London Times*, upon Typhoid Fever. The leading medical journals of London contain editorial articles regarding the statements contained in these letters, and their criticisms are of such a character as to incline us to believe that Prof. Tyndall has not gained much honor for himself by assuming to be an authority in matters pertaining to medical science, and in presuming to decide upon subjects with regard to which the medical profession have, up to the present time, been in doubt.

Prof. Tyndall asserts that typhoid fever is a very contagious disease, as smallpox is contagious, and that it can arise in no other way than by contagion. He adopts Dr. Budd's theory that the excreta of typhoid patients contains the poison, and contends that a drain gives enteric fever because it is "a direct continuation of a diseased intestine."

In reply, it seems hardly necessary to state that to most minds in our profession facts seem to point strongly against the doctrine that typhoid fever is a highly contagious disease.

In his description of the pathology of typhoid fever, Prof. Tyndall writes as follows: "The pustules or protuberant patches, called 'Peyer's patches,' thicken and stand out in relief from the surface of the gut." "What medical man could think or speak of Peyer's patches as 'pustules?'" says the *Medical Times and Gazette*, which concludes its editorial notice as follows: "'Let the shoemaker stick to his last;' let Prof. Tyndall attend to his beams of light, and those



phenomena about which he can at least speak intelligently, and leave biological inquiries to those who have been better trained to pursue them."

WE learn by the *Medical Record* that the vexed question of the possibility of spontaneous combustion has of late been under discussion before the Surgical Society of Paris. M. Chassagniol, of Brest, stated that spontaneous combustion was first mentioned in 1692, since which time it has had some partisans in France; but in Germany, especially by M. Caspar, its possibility has been denied. M. Chassagniol, in his researches, has been unable to find any scientific record of, or any competent authority for, a single case of spontaneous combustion in the human body. The original idea was that the alcohol in the bodies of drinkers took fire. A corpse, however, burns very slowly after having been steeped in alcohol for several days. The attempt in recent times to find an analogy between the combustion of stacks of hay and straw and of the human body has been futile, as there is no resemblance between them.

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REGIONAL DIAGNOSIS IN PARALYSIS FROM BRAIN DISEASES.—In a clinical lecture published in the *Lancet* of Oct. 31, 1874, Dr. H. Charlton Bastian endeavors to supply such data as may serve as a guide to a more or less definite regional diagnosis in cases of cerebral disease.

Large lesions in the central parts of the pons varolii may give rise to profound "apoplectic" symptoms, characterized by deep coma, complete resolution of limbs on both sides, flapping of cheeks during expiration, insensibility of conjunctivæ, and notably contracted pupils. With such lesions in this situation (especially when suddenly produced), death may take place in a few minutes, a few hours, or in a day or two. Where there is a speedily fatal result, the patient remains in the stage of collapse with a temperature lower than normal. But where the life is prolonged for a few hours, the temperature of both sides of the body steadily rises, till at the time of death it may have attained to 109° or 110° F., a condition of the profoundest coma continuing throughout.

When the lesion is slighter in extent, the patient after a time regains consciousness, but there is a generalized paralysis, more or less equally distributed over the two sides of the body. Sensibility may be notably diminished or perverted in one or more of the limbs. When, in addition to such signs, there is well-marked but irregular paralysis about the face, involving eyelids, mouth and tongue, and when there is also difficulty in deglutition, associated with well-marked difficulty in articulation, or actual speechlessness, not of the aphasic kind, we may be pretty sure we have to do with a lesion involving the central parts of the pons varolii.

If the lesion be in the lower half of one lateral region, we have what is called "alternate hemiplegia," with an unusually well-marked paralysis on the side of the brain lesion, and a more or less complete motor and sensory paralysis of the limbs of the opposite side. The hemiplegia may set in with apoplectic or epileptic symptoms; whilst in other cases it supervenes more gradually, without either loss of consciousness or convulsions. After the effect of the first shock has disappeared, the temperature of the paralyzed limbs is generally found to be about 2° higher than it is on the paralyzed side.

Injuries in the upper half of one lateral region produce a hemiplegia of

the same kind as that last described, with the exception that the paralysis of the face is on the side opposite the brain lesion,—that is, on the same side of the body as the paralysis of the limbs.

Whether the lesion be in the upper or in the lower part of one lateral half of the pons, the facial paralysis is generally very well marked, so as to involve the orbicularis palpebrarum. Associated with it are usually some difficulties in deglutition and articulation, and there is often a copious overflow of saliva from the paralyzed side of the mouth. The degree of impairment of sensibility on the paralyzed side of the body is variable, there being at times a condition of unilateral hyperæsthesia instead of anaesthesia, and either state may be associated with painful sensations in the limbs, or with peculiar subjective sensations of "coldness," even when the temperature of the part is actually higher than natural. The fifth nerve is frequently implicated in these cases of lesion in the lateral region of the pons, so that we may have anaesthesia, hyperæsthesia, painful or anomalous sensations on the corresponding side of the face, accompanied by a decided unilateral impairment in the sense of taste. There will also be a weakening of the temporal, masseter, and other muscles of mastication on the same side, if its motor division is damaged or interfered with. Lesions of the pons are also apt to be associated with what is known as "emotional weakness." There is a proneness to burst into tears or to laugh. The tendency to cry is generally more marked than to laugh. This tendency to emotional weakness in lesions of the pons is in keeping with what we know concerning its functions as a centre, under whose influence the external manifestations of emotional states are regulated.

Where lesions of the pons cause irritation of parts of the surface of the fourth ventricle, we may find sugar in the urine. In other cases there may be polyuria or albuminuria, if lower portions of the fourth ventricle are implicated.

Some lesions in the crus cerebri can be diagnosed with great certainty, while in others the diagnosis is difficult. These differences depend on the precise seat and extent of the lesion. Should the inner and inferior part of the crus, near the pons, be injured, or should there be a larger lesion, implicating this and contiguous parts of the crus, the third nerve on the same side becomes paralyzed, whilst a hemiplegic condition is also established in the opposite half of the body; the diagnosis should then be easy. If, on the contrary, the lesion implicates only the upper and outer part of the crus (that is, the part next the cerebral hemisphere), the diagnosis becomes much more difficult. There is no distinctive sign of a lesion in this situation. The combination of symptoms produced by lesions in the lower and inner part of the crus is characteristic, and were well described by Dr. Herman Weber some twelve years ago. The condition induced is a peculiar form of "alternate paralysis." The third nerve is paralyzed on the side of the brain lesion, as is shown by ptosis, dilatation and sluggishness of the pupil, by external squint and by great improvement in the movements of the eyeball. All the muscles of the ball are paralyzed, except the external rectus and the superior oblique. The coëxisting hemiplegia on the opposite side of the body approximates in its general character to that produced by a lesion in the upper part of one lateral half of the pons varolii.

Lesions in, or just outside, the optic thalamus often involve at the same time the upper part of the crus cerebri. It will be found most advantageous to compare the effect of injuries to the thalamus with those produced by lesions in, or just outside, the corpus striatum. (These latter have been described in a previous lecture, and are such as occur in a typical case of hemiplegia.) The motor paralysis, occasioned by lesions in or about the thalamus, is generally less pronounced than that which would have been occasioned by lesions of equal extent in or about the corpus striatum. Early tonic and clonic spasms in the paralyzed limbs, or about the face and neck, are especially frequent with lesions of the thalamus. They are quite exceptional when we have to do with lesions of the corpus striatum. There seems to be no great difference as to the degree of impairment of sensibility in

lesions of the thalamus and corpus striatum. The difference in temperature between the limbs on the paralyzed and on the sound side of the body is generally more marked in lesions of the thalamus than in those of the striate body. Aphasic difficulties in speech, which are so common in lesions in, or just outside, the left corpus striatum, are not as a rule met with in similar lesions of the left thalamus. It not unfrequently happens, however, that these two bodies are damaged simultaneously; and then we should have the combination of aphasic symptoms, together with early rigidity and other signs more indicative of a lesion in the thalamus.

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**FORCIBLE TAXIS IN STRANGULATED HERNIA.**—Max Scheide, of Halle, has published, in the *Centralblatt für Chirurgie* for Sept. 12 and 19, an article, in which he advocates the employment of forcible taxis in strangulated hernia. He is convinced that this mode of treatment is far too much neglected by surgeons, most of them being in favor of early operative interference. He gives statistics of forty-seven cases observed by himself between April, 1868, and August, 1874, under which he includes only inguinal and femoral hernias. Of these, forty-one were replaced, with one death from "reduction *en masse*," after forty hours' strangulation. Ten were submitted to operation, of whom five died. Half his cases—viz., twenty-five—were seen within the first twenty-four hours, and were relieved by immediate taxis, but there were sixteen in which strangulation had existed for from two to six days, and of which all but one had been previously submitted to a more or less energetic taxis with or without chloroform; and yet, with the one exception of a reduction *en bloc*, all were replaced by him without extraordinary difficulty.

The reason of his success he attributes to the fact that he is not afraid to employ greater force than is the habit of others, but he is always careful to come to some definite conclusion of the condition of the gut before taxis is attempted. Gangrene of the gut or omentum he thinks never occurs without oedema of the skin over the hernia, and the sense of fluctuation in the tumor shows the presence of a considerable amount of fluid in the sac, and, therefore, a marked interference with the circulation in the gut; in either of these cases, he at once proceeds to operation.

He holds that, in determining the question whether taxis should be employed, tightness of the constriction is a more important element than the mere duration of the strangulation.

When the patient is under the influence of chloroform, and a definite diagnosis as to the nature of the hernia has been arrived at, he proceeds in the following way: with the thumbs placed together, he exerts a powerful pressure on that side of the rupture which appears nearest to the aperture, through which it has emerged, moving it first to one side and then to the other, and pressing on the top of the tumor only when it is a very small one. In his successful cases, he seldom takes more than five minutes, and never more than a quarter of an hour; "but during this time," he says, "I have always employed a much more considerable force than I have ever seen used by others, or than most would consider justifiable."—*Medical Times and Gazette*, Nov. 14, 1873.

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**TYPHOID FEVER** "is best endured by lean, though at the same time muscular, persons; but even in the case of ill-nourished, anemic or chlorotic individuals, the prognosis is far more favorable than in the case of the corpulent. Of 53 patients in the Hospital at Basle, who would have been called ill-nourished, anemic or chlorotic, 7 died, or about 13 per cent., while the average mortality at that time was about 15 per cent."—*Ziemssen's Cyclopadia*.

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**THE mortality of persons employed in different manufactories and of their children amount to almost double that of the other classes of the population.**—*Ziemssen's Handbuch*.

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## Correspondence.

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### LETTER FROM PHILADELPHIA.

PHILADELPHIA, Nov. 21, 1874.

MESSRS. EDITORS,—The regular medical schools of Philadelphia—I refer, of course, only to the University and Jefferson schools—opened this fall with good classes. The difference, however, between the two universities is greater than it has been for years. This difference is in favor of the Jefferson Medical College, which has a class of over 425 students, the University medical class numbering less than 300. My impression is that the Faculty of the University are disappointed, yet they anticipate a yearly increase of attendance hereafter. Their beautiful lecture rooms, their hospital, laboratories and superior advantages for teaching should be great inducements to earnest students. But as yet, notwithstanding there are sufficient accommodations for lodging the entire number of students in West Philadelphia, they prefer the city proper, and object to the long walk from their boarding houses to the University. This is a trivial matter. The truth probably lies in the wish of the students to be in the city in the evening.

The attendance of medical students at the Philadelphia schools since 1861 has been nearly as good as before the war, previous to which the majority of students were Southerners. The war, however, created a demand for surgeons, and hence the ingress from the northern and frontier States became large and steady. The wealth developed by war contracts, industrial and railroad affairs, increased this influx of Union men. Since peace was declared, the Southern students have reappeared, but in smaller numbers than formerly, and they do not represent the same social degree. Before the war, this class of students came with well-filled pockets, were representatives of wealthy planter-families, and studied medicine merely for plantation use or as a means of obtaining a title. Lincoln's proclamation relieved the planters of the necessity of caring for the health of the negroes, the freedmen have no means of paying for medical treatment, the planters no longer have a domestic reason for educating their sons as physicians, and as for titles, those won during the war overtop all others. Hence the Southern medical student of to-day chooses the profession as a means of obtaining a livelihood.

I have recently learned (what, previously, I had not suspected) that in the Jefferson School the students have been permitted, since shortly after the establishment of the new régime in the Harvard School, to elect their system of study. They are allowed to follow the Harvard plan, and be examined at the close of each year, but with this difference, that the Jefferson student may elect his own branches of study. The yearly examination is final so far as those studies are concerned to which he has devoted himself, and differs from the old system of *general* examination in this respect—proficiency being graded by a system of numbers, the student must win at least an 8 (10 being the highest number) in order to pass. Otherwise, he is remanded to the studies in which he has been examined. Under the old system of one final examination, if the student be marked 6, he passes. Hence, it will be seen that the new system necessitates a higher degree of proficiency. I ought to add that students who follow the elective plan are obliged to pay for the full course, but are not required to attend any other lectures than those which are in direct relation with elected branches of study. A system of partial payments, depending upon the number of yearly branches elected (the rates being \$20 for the ticket of each professor), would, it is thought, be confusing. This may appear unjust, unless the student appreciates that all the advantages, in the study of his chosen branches, are extended to him for an entire year, and that at the end of his course he will have paid no more for his tuition than if he had followed the old system of study.

The majority of students, I regret to say, choose the latter course, which simply causes a cerebral dyspepsia, and so wade for three years in a medical

olla podrida. This might, perhaps, be less common if the new plan of study were brought to the attention of the student with more emphasis.

The elective privilege is now extended to the students of the University Medical School. The best kind of knowledge is systematized knowledge. Every medical teacher in America recognizes this truth; but custom forges chains of iron, and the unhappy competition between medical schools reacts upon the public, most unfortunately, in the guise of half-fledged practitioners. The millennium of medical instruction in America will appear only when teachers can insist upon a high standard of proficiency in study, without fear of injuring either their own interests or those of their schools. This result will probably never be reached until the honorarium of teachers and the expenses of the schools become provided for by endowments. It is to be regretted that Harvard is the only medical school in the country which follows the system of classifying students.

The annual meeting of the American Public Health Association closed on Saturday last. Many valuable papers were read by men wise and thoughtful in sanitary science. Let us hope that the useful suggestions offered may bear fruit in this city; for the improvements in public hygiene and sanitary regulations which were recommended by this body of experienced men form a startling and woful contrast to the present condition of Philadelphia. The *laissez-aller* care of our streets is simply amazing; yet, aside from a few calm and intermittent protests on the part of the daily press, aside from an occasional weak and paroxysmal surge of the Board of Health, nothing is done. The sanitary conference warmly advocated the general adoption of the cheap, wooden pavilion hospital, urging its superiority to any form of permanent structure—which reminds me that one ward of the Presbyterian Pavilion Hospital is nearly or quite completed. Its non-sympathizers thus far find only one flaw in its perfection. They say that the walls, instead of being plastered, should have been plain, closely-jointed wood, caulked, oiled and varnished. They argue that no plaster can be rendered so dense as to be impervious to moisture. Perhaps this is true. At any rate, in the building now erected, the walls will receive three heavy coats of paint, and can be thoroughly and frequently washed. This imperfection in the construction of the wards has probably found a remedy in the ingenious suggestion of Dr. Mitchell, who proposes that in the buildings yet to be erected the plaster shall be replaced by glazed tiles, which, besides being an utterly waterproof material, will, if arranged with a view to harmony of shades, add a new beauty to the ward. The plan will, perhaps, be too expensive. The pavilion now being completed is an experimental building. Its faults will be corrected in the wards not yet erected.

The Hyrtl collection of preparations of the ear, placentæ, crania, and the corrosion preparations has arrived, and the various objects have been arranged and are now on exhibition in the Museum of the College of Physicians and Surgeons. They are a perfect dream of beauty and exquisite, delicate finish. The collection will become notorious. I doubt if there be another like it in the world. It would repay one for a long journey. At some future time, I intend to write you more at length in regard to individual specimens.

You know, perhaps, how much more liberally specialties are encouraged in Boston than in Philadelphia. A few years ago, a gentleman came to this city from Boston, intending to practise as an oculist. He came furnished with letters to some of the leading Philadelphia physicians, who not only discouraged him, but assured him that if he persisted in his intentions he would be considered a *quack*. On the day succeeding the presentation of his letters, certain physicians, upon meeting the gentleman on the street, gave him the cut direct. The obstacles in his path were many, for he was the pioneer specialist. His experience was a bitter one. But, encouraged by physicians of broader tendencies, he persevered and became successful. Since his *début*, specialists have become more common. We have eye, ear and skin clinics in the schools, and within five years four dispensaries for special diseases have been opened. One of these, devoted to treatment

of the throat, languished and died because of unavoidable neglect, I surmise, on the part of the physician in charge. The remaining dispensaries, one being devoted to the skin, one to the eye and ear, and the third to the ear alone, are doing good service and are abundantly attended by charity patients. Yet, in the establishment of these institutions, the gentlemen who founded them vainly wrestled with professional prejudice. Dr. Louis A. Duhring, who conducts the dispensary for skin diseases, found that, before he could open *en règle*, he must throw a sop to the prejudiced in shape of a charter, to obtain which he was obliged to spend considerable money and more time. He secured his charter. Then followed the necessity of forming a board of trustees, appointing a president, treasurer, &c. &c. After compassing heaven and earth in this manner, a pupil of every leading skin specialist in Europe, he was allowed to open his dispensary without being called an empiric. Now what is the result? The board of trustees is a lay figure. With the help of one assistant, appointed by himself, Dr. Duhring does all the work, collects all the funds which support the dispensary, writes his own report; his brother is treasurer; the Duhring family contribute one-third of the supporting funds. There is an annual meeting of the board; they listen to the Doctor's report, and he is then left in independence for another year! Dr. Duhring opened his dispensary in January, 1871, during which year he treated 425 cases and 39 varieties of skin disease; during the year 1872, the number of new cases was 401, number of distinct diseases, 39; 441 new patients were registered and 33 varieties of disease treated during the year 1873. This is the only dispensary of the kind in Philadelphia. Dr. Duhring's success in treating the patients has been excellent, nearly 75 per cent. of patients having been cured and relieved, 20 per cent. not having reported result, 5 per cent. still under treatment. These figures show an average of the result during the first three years of the dispensary.

Dr. Geo. Strawbridge came from Europe, five years ago, after devoting much time to the study of the eye and ear. He also determined to open a special dispensary, his plan being to put himself under the wing of the old Philadelphia Dispensary for diseases in general (founded in 1786). The struggle with the Board of Managers was as warm as a political contest. A branch dispensary for the treatment of special diseases would be an innovation. It could not be permitted. But Strawbridge was in earnest, and by the help of pluck, ingenuity and friends, he won his end. The eye and ear department of the dispensary was then established in a section of the city somewhat removed from the main department. During the year 1873, Dr. Strawbridge treated 910 eye and 420 ear patients. I have not the statistics of previous years, but the number of patients increases yearly. At Will's Hospital, there is also a daily eye clinic for treatment of out-patients. The number of patients averages over 3,400 yearly.

Finally, Dr. Charles H. Burnett, an accomplished aural surgeon, opened the "Philadelphia Infirmary" for diseases of the ear in April last. He already has a goodly daily attendance of patients, but has not yet made a report. He was also obliged to secure a charter, and his dispensary, like Dr. Duhring's, is supported by the gifts of private individuals, the donation of which depends entirely upon the energy of Dr. Burnett.

Each of the several general dispensaries of Philadelphia has an obstetric department (obstetrics, curiously enough, not being considered a specialty), but aside from this division of labor, with the single exception of Dr. Strawbridge's branch of the Philadelphia Dispensary, all patients are treated by the physician in charge, who has one assistant and one apothecary.

I hope the day will come when the excellent arrangement of the Boston Dispensary will be adopted here, the patients classified and treated by men skilful in the various specialties. The yearly average number of patients treated at the two principal dispensaries of Philadelphia amounts to over 20,000, which suggests a generous allowance of work for two physicians.

UNGENANTT.



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**Medical Miscellany.**

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WE are happy to see that the *New York Medical Record* will become a weekly journal with the new year.

A NEW YORK MAN has christened his daughter Glycerine. He says it will be easy to prefix Nitro if her temper resembles her mother's.

SALICINE is recommended by Dr. Mattison in cases of chronic diarrhoea. He gives it, successfully, in doses of five grains, every four hours, to adults. —*London Medical Record*.

BLACK DEATH.—It has been computed that the pestilence vulgarly termed the "black death," which raged in the fourteenth century, destroyed, within a period of five years, one fourth of the entire population of Europe. —*Zeimssen's Handbuch*.

WALB ON REUNION OF INTEGUMENT AND CARTILAGE DETACHED FROM THE NOSE BY A RAPIER STROKE.—In this case, communicated at a recent meeting of the Niederrheinische Gesellschaft (reported in the *Berliner Klinische Wochenschrift*, No. 36, 1874), some minutes elapsed between the injury and the application of the detached portion of the nose, since this could not at first be readily found, and had to be cleansed from adherent dirt. This portion had been cut off from the left ala, and consisted at some parts only of skin, and at others of the more superficial layers of the cartilage. At no part of the raw surface thus left on the nose was there an opening into the cavity of the nostrils. The flap was divided by a transverse wound into two halves, which only just hung together. This was well fixed to the nose by seven peripheral sutures, and by a needle and looped suture at its central part. The subsequent treatment consisted in the continuous application of moist and warm dressings. The flap, which at first was pale, gained, in the course of two hours, a dark-blue color, except at some parts at its margin, and over a large island in its centre, where the looped suture had been placed. These parts, however, soon acquired the pink hue of flesh, and retained their vitality. The sutures were removed on the third and fourth days, and healing was perfected without suppuration. —*London Medical Record*.

BOIL-PEST IN TRIPOLI.—During the early part of the present year, a rare and malignant disease made its appearance in a certain district in Tripoli, characterized by the formation of two or three boils in the axilla, or upon the arms, legs or abdomen. Of ten instances of the affection observed by Dr. Reval, seven terminated fatally within twenty-four hours. It was regarded as a significant feature that the disorder was limited to the members of the tribe of *Merdji*, the inhabitants of the surrounding districts enjoying an immunity from the malady, although they maintained uninterrupted communication with this tribe. The authorities at Constantinople appointed a commission to inquire into the causes of this epidemic, and this commission, the President of which was the American consul, Mr. Temen, have recently made an exhaustive report. In accordance with this report, the epidemic in question had its origin in miasmata proceeding from a burial ground in Merdji, where it is the custom to inter the dead in shallow graves scooped out of the sand, the corpses being simply covered with straw. When it rains, these graves are filled with water, which, upon the following day, is rapidly evaporated by the hot sun, and this contributes to the rapid decomposition of the bodies, by means of which the surrounding atmosphere is loaded with putrid emanations. In winter, the graveyard is converted into a small lake, the water from which is used for drinking purposes. It was also shown that all the wells of the place had their uniform source in this "cemetery pond." —*Allgemeine Medicinische Central Zeitung*, Oct. 10, 1874.

**THE VALUE TO THE WORKING CLASSES OF REST ON SUNDAY,** from a hygienic point of view, is the subject offered at Geneva for a prize essay. The time for the presentation of essays has expired, and the committee find on their hands forty-nine essays, representing at least three thousand pages of manuscript, written in English, French and German. The result will not be announced at present.

**FORMULA FOR VAGINAL INJECTION.—**

R. Potassæ chloratis, ʒiv.;  
Potassæ permang., gr. x.;  
Aque destillatæ, ʒxvi. M.

A teacupful morning and evening, with a little warm water added.

**THE GALVANO-CAUTERY** has recently been used by M. Voltolini for the extraction of a bean which had become fixed in the ear of a child of seven years, at the far end of the meatus auditorius externus. After various means had been tried in vain, at a single *séance* the foreign body was burnt by the galvano-cautery at twenty different points. In a day or two, the remains of the bean, reduced to one half its original size, presented itself at the orifice of the meatus and was easily removed.

**CAUTERIZATION OF THE UTERUS.**—Dr. Wm. Gillespie directs to take an ordinary sponge tent, coat it with beeswax, and then roll it for some time in powdered nitrate of silver, which will sink into and adhere to the wax. Then, with a suitable speculum, carry the tent through the cervix, and, if desirable, to the fundus, and let it remain twenty-four hours. No remedy in his hands has done more good in a short time in chronic inflammation, enlargement or ulceration of the os and cervix uteri, and he has never known any unpleasant results from its employment.—*American Medical Weekly*.

**HOW TO CHOOSE A DOCTOR.**—The following advertisement appears in *L'Avenir du Gers*:—A good doctor of medicine is wanted at Vie-Fensenzac (Gers). He must belong to the republican party. This party, which is very numerous, will give him a very fine position. No one need apply who defends the Man of Sedan. Republican journals are requested to repeat this advertisement.—*Edinburgh Medical Journal*.

**A VIGOROUS OLD AGE.**—Dr. Geo. Cupples, of San Antonio, Texas, has recently removed from the head of a patient ninety-five years of age a fibrous tumor of the size and form of a large onion. The operation was performed without the aid of an anæsthetic. The patient returned to his home in twenty days, well.—*American Medical Weekly*.

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**MORTALITY IN MASSACHUSETTS.**—Deaths in thirteen Cities and Towns for the week ending November 28, 1874.

Boston, 149; Worcester, 23; Lowell, 19; Cambridge, 19; Salem, 9; Lawrence, 15; Springfield, 9; Lynn, 9; Fitchburg, 1; Taunton, 5; Newburyport, 0; Somerville, 6; Fall River, 20. Total, 284.

*Prevalent Diseases.*—Consumption, 62; pneumonia, 33; scarlet fever, 10; typhoid fever, 9; croup, 5; diphtheria, 8.

CHAS. F. FOLSOM, M.D.  
Secretary of the State Board of Health.

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**DEATHS IN BOSTON** for the week ending Saturday, Dec. 5, 135. Males, 59; females, 76. Accident, 3; abscess, 2; apoplexy, 3; inflammation of the bowels, 3; bronchitis, 10; inflammation of the brain, 1; disease of the brain, 2; burned, 2; cancer, 5; cyanosis, 2; consumption, 26; croup, 1; debility, 1; diarrhoea, 4; dropsy, 2; dropsy of the brain, 4; diphtheria, 1; erysipelas, 1; scarlet fever, 7; typhoid fever, 8; disease of the heart, 5; intemperance, 1; disease of the kidneys, 2; disease of the liver, 1; congestion of the lungs, 1; inflammation of the lungs, 14; marasmus, 3; measles, 4; neuralgia, 1; old age, 5; pleurisy, 2; premature birth, 2; purpura hæmorrhagica, 1; pelvic cellulitis, 1; suicide, 1; whooping cough, 3.

Under 5 years of age, 40; between 5 and 20 years, 10; between 20 and 40 years, 28; between 40 and 60 years, 31; over 60 years, 26. Born in the United States, 91; Ireland 32; other places, 12.